

# Marital Therapy: Issues and Challenges

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**This paper outlines the advances made in the field of marital therapy in the last decade. The present status of clinical intervention, empirical research and theoretical conceptualization is reviewed. In addition, the challenges the field now faces are outlined, and proposals made for future directions, which would enable marital intervention to become a more comprehensive and systematic endeavor.**

*Keywords:* Marital therapy, current issues

**Cet article met en lumière les progrès réalisés durant les dix dernières années dans le domaine de la thérapie de couple. L'auteure passe en revue l'état actuel de l'intervention clinique, de la recherche empirique et de la conceptualisation théorique dans ce domaine. De plus, elle dresse un tableau des défis auxquels ce domaine est confronté et propose des orientations pour l'avenir qui permettraient des interventions plus systématiques et complètes.**

*Mots clés :* thérapie de couple, questions de l'heure

There has been an explosion in the field of marital therapy in the last decade. While social psychologists have intensified their focus on intimate relationships, on variables such as trust and love (Sternberg and Barnes 1988, Holmes and Boon 1990), and clinical psychologists have begun to view symptoms such as depression more and more as a reflection of interpersonal context as well as intrapsychic reality (Hops et al 1987), the proponents of marital therapy have begun to amass a sizeable body of theory, research and clinical techniques which focus on the task of changing the nature and quality of intimate relationships. In addition the demand for marital therapy is still growing; in fact failure to develop a satisfying intimate relationship with one's partner is now the single most frequently presented problem in therapy (Horowitz 1979). Marital therapy has also emerged from the shadows of individual and family therapy and has become a discipline in and of itself. The relationship between spouses is the primary building block of the family, and the arena

where most adult identity issues are confronted. A positive intimate relationship provides a secure base (Bowlby 1988) from which to face the world and is emerging as one of the primary determinants of physical and mental health. If it is possible to intervene on the individual, couple or family level in therapy, the couple level may have the most potential for influencing all three levels in a powerful and positive way (Lewis et al 1976). Marital therapy is also beginning to be considered the treatment of choice in areas such as depression, agoraphobia and alcoholism, where problems have been traditionally treated from an individual, intrapsychic viewpoint (Jacobson et al 1989).

Marital therapy as a discipline is now at the point where well-defined schools and strategies exist for restructuring adult intimate relationships; in particular behavioral, systemic, insight oriented and experiential approaches have been delineated and integrations of these approaches, such as systemic integrated with experiential, have also been outlined (Johnson and Greenberg 1987). However, as in most areas of psychology, progress in empirical research, theoretical conceptualization, and clinical technique has tended to progress in an irregular and inconsistent manner

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rather than systematically, and often these endeavors have been somewhat isolated from each other. Technique is not always clearly linked with theories of marital distress, and theoretical findings are not consistently translated into change strategies. Research has been too sparse in some areas or not clearly relevant for the practising clinician. This article will consider these three areas, empirical research, theory, and clinical technique in terms of what has already been accomplished and the challenges that remain.

### **Empirical Research: Status**

Empirical research in this field is essentially following the path mapped out by general individual psychotherapy researchers. The first step on this path is to describe interventions and find evidence for the general efficacy of therapy. A body of evidence now exists that conjoint marital therapy is generally effective in alleviating marital distress and promoting marital satisfaction (Gurman and Kniskern 1978). A smaller number of comparative studies exist (Johnson and Greenberg in press) which examine the differential effectiveness of various approaches. Generally, as in the field of individual psychotherapy, it has been difficult to show differential treatment effects, perhaps because of difficulties such as common elements among treatments, and the crossing of therapists across treatments, or because of lack of statistical power due to small samples size. Some reviewers have concluded that with certain exceptions (Johnson and Greenberg 1985) there is no clear evidence that different marital treatments create different effects (Baucom and Hoffman 1986).

The second step on the path is still concerned with efficacy and attempts to test the effects of specific treatment approaches with specific populations displaying specific symptom patterns; this kind of research has begun with investigations of marital treatments for problems such as depression (Jacobson et al 1989).

The third research step moves away from the general prediction of outcome towards identifying those factors that predict success in various forms of marital therapy, so that eventually it will be possible to match client characteristics and problems to specific interventions. This kind of marital therapy research is sparse, and as in all the previous steps, the behaviorally oriented researchers have lead the way. For example, it has been found that for couples where a highly affiliative woman is partnered by a highly independent man behavioral marital therapy is ineffective, whereas couples who exhibit depressive symptoms do tend to improve (Jacobson et al 1986).

The fourth research step concerns the elucidation of the process of change in therapy. One approach here is to consider specific therapist interventions and the effect of these interventions on outcome. The relative effectiveness of different behavioral interventions such as, behavior exchange, communication training and problem solving has been investigated (Jacobson 1984). The question of whether a skills training component adds to the effectiveness of an

experiential approach, specifically Emotionally Focused Therapy (EFT; Greenberg and Johnson 1988) has also been tested. In this case, skills training did not increase efficacy (James in press). A second promising approach in individual psychotherapy research is the examination of the client processes that are associated with change (Rice and Greenberg 1984). This research, which is relevant to clinical practice and to the construction of theories of change, has only recently been applied to therapy in the marital area. There is as yet only one published study that examined client processes (Johnson and Greenberg 1988). This study found that higher levels of in-therapy experiencing and the evocation of affiliative behaviors in blaming spouses were associated with positive outcome in EFT. Behavioral researchers are also examining the process of change (Jacobson in press). The progress of empirical research may appear logical and sequential in the above description however it is only recently that research has been conducted into the characteristics of naturally occurring interactions in distressed couples. That is, we have, in fact, only just begun to understand and describe the phenomena, marital distress, we are attempting to change (Gottman 1979, Gottman and Levinson 1986).

To date this research suggests that the essential elements of marital distress are negative affect which in this context seems to be more aversive for men than for women, negative attributions and perceptions of the other which hinder the creation of trust, negative content patterns in interactions such as criticism and blaming, and perhaps most significantly the organisation of all of these elements into self-reinforcing rigid interaction patterns.

### **Empirical Research: Directions**

In terms of empirical research, what is missing and requiring attention? First, there is still very little research examining the efficacy of the more psychodynamic and systemic approaches to marital therapy and very few studies that compare the effects of these approaches to others. There are only four controlled outcome/comparative studies utilizing dynamic approaches. Crowe (1978) compared a behavioral marital therapy to an interpretive intervention and found no significant differences; however the treatments were not well defined. Johnson and Greenberg (1985) compared a systemic/experiential marital therapy (EFT) to a behavioral problem solving intervention and found both treatments to be effective compared to a control, and EFT to be more effective than the behavioral intervention in increasing marital adjustment. Goldman and Greenberg (in press) compared a systemic paradoxical treatment to EFT and found both treatments to be equally effective at treatment termination. Snyder and Willis (1989) compared a behavioral and insight oriented therapy and found no differences at termination but differences in favor of the insight intervention at follow-up (Snyder et al 1991). In this case, however, there is some issue here as to the definition of the insight oriented treatment (Jacobson in press). There is still a need for studies involving the delineation of

treatment interventions in manuals, controlled implementation and efficacy testing of non-behavioral approaches. Marital therapy is a new field and is still amassing an armamentarium of varied techniques with which to change relationships. Once a set of techniques has proved to be effective, this sets the stage for further the research steps of matching client to treatment and examining the process of change. There is also a need for these dynamic and systemic approaches to test their interventions with specific populations. For example, a project was recently completed that used a specific dynamic marital therapy for distressed couples, where the female partner was clinically depressed, and examined the effect of treatment on marital satisfaction and on the partner's depression (Dessaulles and Johnson 1991).

The last two steps in psychotherapy research referred to above, finding factors which predict the success of specific interventions with specific kinds of couples and specific kinds of problems, and examining the process of change so that it is possible to build cogent theories of change, are the real areas of challenge for marital therapy research in the 1990s. As a series of outcome studies on behavioral interventions has shown (Jacobson et al 1984), even with effective marital interventions, there is a considerable variation in outcome, which is as yet unexplained. Why do some couples not benefit from a particular approach, or why do some couples improve to a level of statistical significance but remain in the range typical of distressed couples on measures of marital satisfaction? To answer these kinds of questions it is necessary to examine how and when interventions create change. There seems to be some consensus that examining client process is the best strategy here (Jacobson in press, Johnson and Greenberg in press). Perhaps one of the most intriguing directions is to stipulate change events that lead to positive outcome. This research into change events has begun using EFT interventions. Here a change event called a "softening," which involves an interactional shift by both partners towards engagement and a reprocessing of the active/blaming partners emotional responses, has been found to be related to change (Johnson and Greenberg 1987). In a softening, a previously hostile pursuing partner is able to ask a now accessible spouse for contact and caring in such a way as to facilitate a positive response.

Parallel research endeavors in social psychology and in the field of specifying the nature of marital distress should also help marital therapy researchers in their attempts to match clients and interventions and to delineate change processes. Hopefully research such as Gottman and Krokoff's (1989) which suggests that engagement around conflict, even if it is typified by anger, leads to marital satisfaction in the long term, whereas denying responsibility and withdrawal are predictive of long term marital distress, can be incorporated into clinical interventions and into empirical research. The same is true of research on key relationship variables such as trust (Holmes and Rempel 1989) that has already yielded conceptual frameworks and

instruments able to test hypotheses concerning this very variable. One such hypothesis might be that a minimal level of trust is a prerequisite for effective outcome in marital therapy. Once key variables such as trust and intimacy are defined in a clear manner it is then possible to create interventions which focus upon specific tasks or sub-processes in marital therapy such as intimacy creation (Dandeneau and Johnson 1990) and test their effectiveness. This kind of research can unite theory concerning relationship variables with clinical intervention and with empirical research on therapy outcome and on the process of change.

In addition to the above accomplishments and gaps to be filled, marital therapy research in general appears to be developing in terms of its rigour and sophistication (Sprenkle 1990). As mentioned previously, there have been attempts to examine treatment effects across studies, (Jacobson et al 1984), and the issue of clinical versus statistical significance has been addressed (Jacobson et al 1984). Procedures such as treatment implementation checks, and therapeutic alliance measures also add rigor to clinical studies (Johnson and Greenberg 1985).

The distinctions between the areas of research, theory and clinical intervention tend to become blurred since each one tends to overlap with the other two. Indeed the main point to be made about this field at the moment is that these three elements must become more integrated, however, for the purposes of clarity let us continue to view them separately and turn now to the consideration of theory in marital therapy.

### **Theory in Marital Therapy**

The schools of marital therapy reflect the theories of pathology and health which constitute the general principles of the behavioral, systemic, analytic and experiential humanistic approaches to human functioning and change. However, with the exception of the systemic model which is inherently interpersonal (Steinglass 1987) these approaches are all intrapsychic in formulation. They are essentially concerned with what occurs within individuals rather than between individuals. It is clear that any theory that attempts to change a relationship has to address both intrapsychic and interpersonal levels. In recognition of this fact many approaches to marital therapy have attempted to integrate systemic interpersonal interventions into their treatment packages; these interventions are not always integrated at the level of theory, however (Johnson and Greenberg 1987). For example, it is necessary not just to recognize that powerful automatic self-reinforcing patterns of interaction exist in couples and must be addressed, but to consider the implications of such patterns for theories of pathology. How, for example, does this perspective modify the theoretical building blocks of various approaches such as reinforcement, skill deficits or the projecting of past conflicts into the present relationship, and in terms of theories of change, how does it change the clinicians' use of insight or behavior exchange? If, on the other hand, clinical interventions seem to be

deficient and a change is required, such as facilitating an acceptance of the status quo in a relationship rather than teaching behavior change skills (Jacobson in press), this new intervention and the prospective it reflects has then to be incorporated into the espoused theory (in this case, the theory of behavioral marital therapy). This field has to struggle directly with the link between intrapsychic and interpersonal which is a struggle for psychology as a whole (Wachtel 1982), and that exacerbates the difficulty of linking specific interventions to theoretical concepts.

In addition, there are some essential ingredients missing in the theoretical building blocks underlying marital therapy. First, there is no clear and inclusive theory of adult intimate relationships (Gottman and Levinson 1986, Johnson 1986). This situation is analogous to attempting to build treatment approaches in individual therapy without theories of personality. At this point there are only two articulated theories of adult intimate relationships, exchange theory (Thibaut and Kelley 1959) and attachment theory (Bowlby 1969, 1988). It is not possible to discuss these theories here, but they have been described and contrasted elsewhere (Johnson 1986). It would appear that the attachment conceptualization of adult relations has enormous promise and this view of adult love is receiving considerable theoretical and research attention at the moment (Hazen and Shaver 1987, Parkes and Stevenson-Hinde 1982, Paterson and Moran 1989, Collins and Read 1990). Attachment theory, views an intimate bond as an affectional tie and a set of proximity seeking behaviors arising from an innate need for security and interpersonal contact. Affect is seen as organizing attachment behaviors which are intensified or distorted in the face of separation or loss. Internal working models of self and other which, according to this theory, arise in primary attachments with parents then influence later social adaption and emotional adjustment. This perspective may have profound implications for the marital therapy field. It may be that the different attachment styles (secure, anxious, and avoidant) are associated with a disposition to create particular interactional patterns and may be affected differently by specific interventions. The only marital therapy treatment that is explicitly based upon attachment theory at present is EFT (Greenberg and Johnson 1988). To point out only two of the general treatment implications of attachment theory, it implies that security, deprivation and isolation are the main content issues that need to be addressed in distressed relationships, and that the need for accessibility and responsiveness from the other is primary and essential (dependency is not a sign of maladaptation but part of being human). Secondly it implies that emotion is primary and organizes behavior in close relationships. The place of emotion in marriage and marital therapy has been hotly debated recently (Broderick and O'Leary 1986) and is, in and of itself, a crucial theoretical issue both here and in the field of individual psychotherapy (Greenberg and Safran 1987, Greenberg and Johnson 1986). The previous focus upon behavioral and cognitive variables in this field and upon change strategies such as rational negotiation or

is then beginning to change. As variables such as love, trust, intimacy, attachment, and the role of emotion in close relationships are clarified, operationalized and researched the theoretical basis of marital therapy interventions will become stronger and lead in turn to more powerful and exact interventions.

### Clinical Intervention

Generally the technology of clinical intervention in marital therapy is still developing and is focusing more on emotional responses and patterns of interaction than previously. What are the key issues at this point in time? The main difficulty at the moment seems to be the specific delineation of interventions in treatment manuals. It is, in fact, very difficult to capture the dynamic process of treatment in a manual. It has been suggested (Jacobson in press) that therapist operations/specific behaviors are the only basis of a manual, and that from this point of view many treatments are indistinguishable from each other. This however, would appear to be a reductionistic point of view; it is necessary, to capture the quality of an intervention to include context factors such as therapist intent, since such factors predict how such an intervention will be used and what client processes it is designed to evoke (Johnson and Greenberg in press). This issue also has implications for marital therapy theory, in that if interventions are not placed in a theoretical context not only will they be difficult to replicate but the area may degenerate into a morass of vague ill-defined treatments and theoretical chaos. It is necessary to "keep our paradigms clean" (Segraves 1982) so that interventions can be exact and theory progress. Technology in and of itself is not enough, we must be able to say why and how a therapist operates and in what context. For example, if only therapist operations, in the literal sense, are considered in a manual, the behavioral intervention "troubleshooting" (Fruzzetti and Jacobson 1990) may be seen as very similar to EFT interventions in that the therapist asks questions concerning the emotional responses of each partner. If the other factors mentioned above are taken into account, however, it is clear that the interventions are very different. It has been suggested that a more dynamic medium than the written word, perhaps videotapes, are necessary to convey the nature of clinical intervention with any real precision. It is also essential that the more dynamic approaches construct specific manuals. There are only two such treatments known to this author that have been specified in manuals, implemented and found to be distinguishable from other treatments (Snyder and Wills 1989, Johnson and Greenberg 1985).

As marital interventions develop, they also must become more differentiated and more finely tuned to respond to the complex multidimensional evolving process which is a close relationship. This process has started but there is also much to be accomplished: The area of emotion illustrates this issue. Emotion has tended in the past to be seen in global terms and to be viewed as disruptive, negative or

irrelevant to the marital therapy process (Jacobson and Margolin 1979). As the phenomena of emotion becomes more differentiated, however (Leventhal 1979, Greenberg and Safran 1987) and its various functions, as an orienting response which aids in the construction of perception and meaning, and as a motivational response which primes the organism for particular action, become clear, the role of emotional responses in relationship change becomes more intricate. At this time, the issue is not whether to address emotion at all or how to control it, but how and when to use what kinds of emotional responses to achieve specific ends. In the approach this author is most familiar with (EFT), specific emotions such as fear are deliberately evoked by the therapist to reframe interactions, expand the spouse's experience of self and view of the other, and create new interaction patterns (Johnson and Greenberg 1987b). The same kind of differentiation that is occurring here must also take place for other phenomena that arise in marital therapy such as attributional processes.

A true scientific discipline is able to link the description of a phenomena to the prediction of events, and to explanations of functional and dysfunctional processes. In marital therapy, the challenge is to link theoretical conceptualizations of pathology to specific change strategies and therapist interventions. In addition, it is necessary to link interventions to client processes in therapy and those processes to specific therapy outcomes. In other words, to begin to integrate the areas of theory, research and intervention in a systematic way. For example, it might be fruitful to elucidate the implications of attachment theory for close adult relationships, and to specify how interventions focusing upon key variables from that theory, such as accessibility and responsiveness, can be facilitated in specific therapist strategies and interventions. If marital therapy can confront these challenges, it will have much to contribute not just in facilitating the creation of secure nurturing adult relationships but in increasing our understanding of human functioning in general.

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